									Application or Docket Number					
Ì	PATENT		ICATIO Effectiv		09518139									
CLAIMS AS FILED - PART I											ENTITY		OTHER	
(Column 1) (Column 2)  FOR NUMBER FILED NUMBER EXTRA								١.	TYP	E		OR	SMALL	ENTITY
			NOMBER FILED			NUMBER EXTRA			RATI	<u>Ш</u>	FEE		RATE	FEE
BASIC FEE						7					345.00	OR	,	690.00
TOTAL CLAIMS			3/ minus 20=			• //			X\$ 9	=		OR	X\$18=	19800
INDEPENDENT CLAIMS			5 minus 3 =			: 2			X39=			OR	X78=	1560
MULTIPLE DEPENDENT CLAIM PRESENT								+130:	_		OR	+260=		
- 11	* If the difference in column 1 is less than zero, enter *0* In column 2									L		OR	TOTAL	1,04%
١,	1,21, 6	S AS A	MENDE			- 1			OTHER					
//	(Column 1)					(Column 2) (Column 3)			SMALL ENTITY		NTITY	OR	SMALL	
BNT A		REM	AIMS AINING TER IDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	· o	3_	Minus		31	2		X\$ 9=	-		OR	<b>X</b> \$18=	
	Independent	• 1	· .	Minus	•••		= 6		X39=			OR	X78=	522
Н	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		•	OR	+260=	-0
え	28/5 (Column 1) (Column 2) (Column 3)							Ŀ	TOT	1			TOTAL	HA
4								A	ÓDIT. FI		•	OR ,	ADDIT. FEE	000
/			AIMS			Column 2) HIGHEST	(Column 3)			_				
AMENDMENT B		REM	AINING TER IDMENT		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total	2	2	Minus	••	3/	= /		X\$ 9=			OR	X\$18=	
AME	Independent FIRST PRESE	NTATIC	IN OF MI	Minus	PENE	5 DENT CLAIM	=/		X39=			OR	X78=	
	•								+130=	. [	· ·	OR	+260=	
	•			•				<u> </u>	TOT/			OR	YOTAL ADDIT, FEE	
		(Coh	ımn 1)		(C	Glumn 2)	(Column 3)	^	JU1. PE	.c. =			AUTI. FEE	
O	· 1	CL	AIMS			HIGHEST		Г		7	ADDI-	1		ADDI-
		AF	ANING TER DMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL
AMENDMENT	Total	•	- 441 (P) A 1	Minus	**		8	ŀ	X\$ 9=	†			X\$18=	FEE
	Independent	÷		Minus	***		-	.  -		+		OR		
⋖	FIRST PRESE	NTATIO	N OF MU	ILTIPLE DEF	END	ENT CLAIM		L	X39=			OR	X78=	
									+130=	I	Į.	OR	+260=	
	the entry in colum							_	TOTA			OR,	TOTAL	
	f the "Highest Num The "Highest Num	nber Pre	viously Pa	id For IN THI	S SPA	CE is less than	3, enter "3."	M	ODIT. FE d in the i	5,2			NDDIT. FEE <b>l</b> amn 1.	

FORM PTO-676 (Rev. 12/99)